

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	CH	0000000000000000	10/05/10
OT.P.E. CLASSIFIER	JS	0000000000000000	10/12/10
FORMALITY REVIEW	HHS	854	11-24-00
RESPONSE FORMALITY REVIEW	TC	JL947	03/23/10

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Filed	Original	Date
01	6	1	1/24/44
02	7	2	1/24/44
03	8	3	1/24/44
04	9	4	1/24/44
05	10	5	1/24/44
06	11	6	1/24/44
07	12	7	1/24/44
08	13	8	1/24/44
09	14	9	1/24/44
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Final Original	Claim	Date
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Claim	Date				
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If more than 150 claims or 10 actions  
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